PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 MAR 2 8 2006 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the F Complete if Known Effective on 12/08/2004.
Fees pursuant to the Consolication Appropriations Act, 2005 (H.R. 4818). 10/816,720 Application Number TRANSMITTAL April 1, 2004 Filing Date NUSSE, ROELAND First Named Inventor For FY 2005 CHISM, BILLY DELL **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1654 **STAN-299** TOTAL AMOUNT OF PAYMENT (\$) 525 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Bozicevic, Field and Francis LLP Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 100 50 130 65 200 100 Design 160 80 Plant 200 100 300 150 300 300 150 500 250 600 Reissue 0 200 100 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 180 360 Multiple dependent claims Multiple Dependent Claims **Extra Claims** Fee Paid (\$) **Total Claims** Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Paid (\$) Indep. Claims HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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Non-English Specification, \$130 fee (no small entity discount)

\$525-Other: RCE fee & petition tel

SUBMITTED BY	Λ .		
Signature	Shule Sherwood	Registration No. (Attorney/Agent) 36,677	Telephone (650) 327-3400
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.